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# NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

05/17/2006

Lisa M. Soltis Illinois Tool Works Inc. 3600 West Lake Avenue Glenview, IL 60025

| EXAMINER        |              |  |  |  |  |
|-----------------|--------------|--|--|--|--|
| GANEY, STEVEN J |              |  |  |  |  |
| ART UNIT        | PAPER NUMBER |  |  |  |  |
| 3752            |              |  |  |  |  |

DATE MAILED: 05/17/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/628 907      | 07/29/2003  | John F. Schaupp      | 12545               | 8115             |

TITLE OF INVENTION: POWDER BELL WITH SECONDARY CHARGING ELECTRODE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |  |
|----------------|--------------|-----------|-----------------|------------------|------------|--|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 08/17/2006 |  |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED</u>. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED</u>. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

|                                                                                                                                                        | CE ADDRESS (Note: Use Block 1 for 05/17/2006                                                                                                    | any change of address)                                                                                |                                                                                                                                                                                                                                                                                           | Fee(s) Transmittal.                                                                                                    | of mailing can only be used in<br>This certificate cannot be used an apper, such as an assignmentate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | for any other accompanying                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Lisa M. Soltis<br>Illinois Tool Work<br>3600 West Lake A                                                                                               | s Inc.<br>venue                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                           | I hereby certify that<br>States Postal Service<br>addressed to the M<br>transmitted to the US                          | Certificate of Mailing or Tran<br>this Fee(s) Transmittal is bein<br>e with sufficient postage for fi<br>fail Stop ISSUE FEE address<br>SPTO (571) 273-2885, on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | smission  Ig deposited with the Unite  rst class mail in an envelop  above, or being facsimil  date indicated below.                              |
| Glenview, IL 6002                                                                                                                                      | .5                                                                                                                                              |                                                                                                       |                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                |
|                                                                                                                                                        |                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                                       |
|                                                                                                                                                        |                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                                            |
| APPLICATION NO.                                                                                                                                        | FILING DATE                                                                                                                                     |                                                                                                       | FIRST NAMED INVEN                                                                                                                                                                                                                                                                         | TOR                                                                                                                    | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                                                  |
| 10/628,907<br>TITLE OF INVENTION: PO                                                                                                                   | 07/29/2003<br>OWDER BELL WITH SEC                                                                                                               | ONDARY CHAR                                                                                           | John F. Schaupp<br>GING ELECTRODE                                                                                                                                                                                                                                                         |                                                                                                                        | 12545                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8115                                                                                                                                              |
| APPLN, TYPE                                                                                                                                            | SMALL ENTITY                                                                                                                                    | ISSUE F                                                                                               | EE PL                                                                                                                                                                                                                                                                                     | IBLICATION FEE                                                                                                         | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                                          |
| nonprovisional                                                                                                                                         | NO                                                                                                                                              | \$1400                                                                                                |                                                                                                                                                                                                                                                                                           | \$300                                                                                                                  | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 08/17/2006                                                                                                                                        |
| <u> </u>                                                                                                                                               |                                                                                                                                                 |                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                     |                                                                                                                        | ¬ *1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 08/17/2000                                                                                                                                        |
| EXAM                                                                                                                                                   |                                                                                                                                                 | ART UN                                                                                                |                                                                                                                                                                                                                                                                                           | ASS-SUBCLASS                                                                                                           | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                   |
| GANEY, S                                                                                                                                               | e address or indication of "Fe                                                                                                                  | 3752                                                                                                  |                                                                                                                                                                                                                                                                                           | he patent front page,                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
| Number is required.  3. ASSIGNEE NAME AND                                                                                                              | tion (or "Fee Address" Indica<br>or more recent) attached. Use<br>PRESIDENCE DATA TO B                                                          | e of a Customer E PRINTED ON T                                                                        | 2 registered patent<br>listed, no name wil<br>THE PATENT (print o                                                                                                                                                                                                                         | r type)                                                                                                                | imes of up to If no name is 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   |
| (A) NAME OF ASSIGNI                                                                                                                                    | EE .                                                                                                                                            |                                                                                                       | (B) RESIDENCE: (C                                                                                                                                                                                                                                                                         | ITY and STATE OR                                                                                                       | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                   |
|                                                                                                                                                        | assignee category or categor                                                                                                                    | ries (will not be pri                                                                                 | inted on the patent):                                                                                                                                                                                                                                                                     | U Individual U                                                                                                         | Corporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oup entity Governmen                                                                                                                              |
| 4a. The following fee(s) are enclosed:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies               |                                                                                                                                                 |                                                                                                       | 4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
| a. Applicant claims SM                                                                                                                                 | (from status indicated above MALL ENTITY status. See                                                                                            | 37 CFR 1.27.                                                                                          | ☐ b. Applicant is no                                                                                                                                                                                                                                                                      | longer claiming SM                                                                                                     | ALL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | FR 1.27(g)(2).                                                                                                                                    |
| The Director of the USPTO in NOTE: The Issue Fee and Punterest as shown by the reco                                                                    | is requested to apply the Issu<br>ublication Fee (if required) words of the United States Pate                                                  | e Fee and Publicat<br>vill not be accepted<br>nt and Trademark                                        | ion Fee (if any) or to i<br>from anyone other th<br>Office.                                                                                                                                                                                                                               | re-apply any previou<br>an the applicant; a re                                                                         | sly paid issue fee to the applica<br>gistered attorney or agent; or the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation identified above.<br>he assignee or other party i                                                                                           |
| Authorized Signature                                                                                                                                   |                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                           | Date                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
| Typed or printed name                                                                                                                                  |                                                                                                                                                 |                                                                                                       |                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |
| This collection of information application. Confidentialisubmitting the completed aphis form and/or suggestions 30x 1450, Alexandria, Virginia 22313-1 | n is required by 37 CFR 1.3 ty is governed by 35 U.S.C. plication form to the USPTG for reducing this burden, sh nia 22313-1450. DO NOT \$1.550 | 11. The information<br>122 and 37 CFR 1<br>D. Time will vary<br>ould be sent to the<br>SEND FEES OR C | n is required to obtain  1.14. This collection is depending upon the ir Chief Information Of OMPLETED FORMS                                                                                                                                                                               | or retain a benefit by<br>s estimated to take 12<br>ndividual case. Any<br>fficer, U.S. Patent and<br>S TO THIS ADDRES | the public which is to file (and it is including it is included it is including it is includin | d by the USPTO to process<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O<br>for Patents, P.O. Box 1450 |

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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| APPLICATION NO.                    | F    | ILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.            | CONFIRMATION NO. |
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| 10/628,907                         | 1    | 07/29/2003 | John F. Schaupp      | 12545                          | 8115             |
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| Lisa M. Soltis                     |      |            |                      | GANEY, S                       | TEVEN J          |
| Illinois Tool Wor                  |      |            |                      | ART UNIT                       | PAPER NUMBER     |
| 3600 West Lake<br>Glenview, IL 600 |      |            |                      | 3752<br>DATE MAILED: 05/17/200 | 6                |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 293 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 293 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.